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Bib Data Sheet

CONFIRMATION NO. 4936

SERIAL NUMBER 10/777,340	FILING DATE 02/12/2004 RULE	CLASS 280	GROUP ART UNIT 3611	ATTORNEY DOCKET NO. 10098P0010US
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APPLICANTS

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TV ** CONTINUING DATA ***** *N/A* *****

TV ** FOREIGN APPLICATIONS ***** *N/A* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 05/11/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials			

ADDRESS
 32116
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TITLE
 Wheelchair and leg support accessory

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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